



ILLINOIS DEPARTMENT OF  
EMPLOYMENT SECURITY

## Voluntary Election of Coverage under the Illinois Unemployment Insurance Act

An agreement to elect coverage becomes binding upon approval by the Director of Employment Security. If the election is approved, you will be notified by mail. You will similarly be notified with a statement of the reason(s) for denial.

*Type or print in ink. Sign and return original to this Department. Retain a copy for your files.*

1. Name of employer
2. Address
3. Date employer began employing workers in Illinois
4. Are you, or have you been, an employer subject to the Illinois Unemployment Insurance Act?      Yes      No

If yes, enter the account number assigned to you

(IF YOU ARE A CURRENTLY LIABLE EMPLOYER, IT IS NOT NECESSARY TO COMPLETE ITEMS 5 THROUGH 8.)

5. Have you incurred liability under the Federal Unemployment Act in the last five years?      Yes      No
6. Enter the total amount of wages paid by you during the last four completed calendar quarters:

Quarter Ending:

Wages:

7. Enter, for each of the last 12 months, the number of persons performing services for you in Illinois, whose services are defined as "employment" under the Illinois Unemployment Insurance Act. If a corporation, include corporate officers.

Month:

No. of Workers:

8. Give the following information with respect to each individual performing services for you on the date this election form is being prepared. If related to owner, partner or officer, give exact relationship and to whom related; if not related, enter "none".

Name	Social Security No.	Relationship and to Whom Related

9. If you desire to extend coverage to workers whose services are excluded from the definition of "employment" under the Act, enter below (a) the type(s) of excluded employment performed by workers whom you wish to cover, (b) the location of the establishment(s) where such excluded employment is performed and (c) the number of workers in excluded employment by type, in each establishment during the most recently completed week.

(a) Type of Excluded Employment	(b) Location of Establishment	(c) No. of Workers

10. The undersigned employing unit does hereby elect, pursuant to the terms and provisions of Section 205(h) of the Illinois Unemployment Insurance Act: (Check one)

a. To become an employer liable for the payment of contributions under the Illinois Unemployment Insurance Act to the same extent as any other employer.

b. To become an employer liable for the payment of contributions under the Act AND to extend coverage under the Act to workers in excluded employment.

c. To extend coverage under the Act to workers in excluded employment.

The undersigned employing unit hereby makes application for the approval of such election by the Director of Employment Security as of: (Check one)

January 1<sup>st</sup> of the current year

The date workers were first employed in the current year

The following date in the present year if (c) above is checked

Business Name:

Signed by:

Official title:

Telephone:

Date Signed:

This election must be signed by owner, partner or officer.  
If signed by any other person, a power of attorney giving such individual authority to sign must be attached.

For information & phone numbers, please visit, <http://www.ides.illinois.gov/SitePages/ContactIDES.aspx>.  
For this & other online forms, please visit, <http://www.ides.illinois.gov/forms>

NOTE: Upon approval of your election by the Director of Employment Security, you will become liable for the payment of contributions on the wages of your workers for at least two calendar years.

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OFFICIAL NOTIFICATION OF THE DIRECTOR'S DECISION REGARDING THIS REQUEST WILL BE MAILED TO YOU.

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined under 820 IL CS 405/100-3200. Disclosure of this information may result in statutorily prescribed liability and sanctions, including penalties and /or interest.